SCHEDULE A (Form 5500) Department of the Treasury

Internal Revenue Service Department of Labor

Pension and Welfare Benefit Programs

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

▶ File as an Attachment to Forms 5500, 5500-C and 5500-K

This Form Is Open to Public

For plan year beginn	ing		, 1978 and ending	3				, 19
► Part II must be o	ompleted for all plans requestions of the completed for all insured per completed for all insured we	ension plans.		Please comp If an item do Round off m	es not ap	oly, enter "	N/A".	
	or as shown on line 1(a) of F			Round on In		r identifica		
Name of plan						 	1	
Name of plan						Enter three digit		
Part I Summ	nary of All Insurance (Contracts Incl	uded in Parts	II and III	· · · · · · · · · · · · · · · · · · ·			
	all contracts in the same n			t.) t)				
1 Check appropriate box: (a) Welfare plan (b)		rensio	Pension plan (c) Combination per					
	Coverage: (a) Name of insurance carrier		b) Contract number or identification	(c) Approximate number of persons covered at end of policy or contract year		of	(d) From (e) To	
				-			-	(0) 10
3 Insurance Fees an	d Commission Information	Complete Eit	ner(a) or (b) (see	instructions))			
(a) Payments to s	soliciting agents and broke	rs.						
(i) Contract number or identification	(ii) Name and address of each or broker receiving cor	h soliciting agent mpensation	(iii) Amount of sal paid to soliciting	agent or broker by a		f soliciting agent or broker is compensated a method other than as a percentage of		
			First year	Renewal	premium, explain the		at method of compensation	
(b) Insurance fees	and commissions paid to a	general agents, b	rokers or other pe	rsons:	<u>'</u>			
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4 Premiums due and	unpaid at end of the plan	vear ▶ \$. contra	act number, o	r identifica	ation N		······
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Schedule A (Form 5500) 1978					Page 2				
Insured Welfare Plans Provide information for each contract on a separate Part III. If more than one contract covers the same group o employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.									
8 (a) Contract number or identification	(a) Contract number or (b) Type of		ss premium contract	(d) Premium rate or subscription charge					
(iii) Increase (decreas		· · · · ·	: : : : : _						
(b) Benefit charges: (i) C (ii) Increase (decreas (iii) Incurred claims (laims paid								
(A) Commissions (B) Administrative (C) Other specific (D) Other expense (E) Taxes (F) Charges for ri (G) Other retention (H) Total retention	e service or other fees								
	eserves at end of year: ovide benefits after retirement .								
(,	e rate refunds due (do not inclu	do amount onton	rod in (a)(ii)	-					

Specify nature of costs ▶ _____ If additional space is required for any item, attach additional sheets the same size as this form.

(b) If the carrier, service or other organization incurred any specific costs in connection with the acquisition

or retention of the contract or policy, other than reported in 3 above, report amount .

General Instructions

This schedule must be attached to Form 5500, 5500-C or 5500-K, for every defined benefit, defined contribution and welfare benefit plan where any benefits under the plan are provided by an insurance company, insurance service or other similar organization.

10 Non experience rated contracts:

(a) Total premiums or subscription charges paid to carrier

Exception:

An employee benefit plan which covers only an individual or an individual and his or her spouse and the individual or the individual and his or her spouse wholly owns a trade or business, whether incorporated or unincorporated, need not file Schedule A. An employee benefit plan which covers only partners or covers only partners and their spouses need not file Schedule A.

Specific Instructions

(References are to the line items on the form.) Include only contracts with policy or contract years ending with or within the plan year. Data on Schedule A should be

reported only for such policy or contract years. Exception: If the insurance company maintains records on the basis of a plan year rather than policy or contract year, data on Schedule A (Form 5500) may be reported for the plan year.

Include only the contracts issued to the plan for which this return/report is being filed.

2(c).—Since the plan coverage may fluctuate during the year, the number of persons entered should be that which the administrator determines will most reasonably reflect the number covered by the plan at the end of the policy or contract

Where contracts covering individual employees are grouped, entries should be determined as of the end of the plan year.

2(d) and (e).—Enter the beginning and ending dates of the policy year for each contract listed under column (b). Where separate contracts covering individual employees are grouped, enter "N/A" in column (d).

3.—All plans required to complete Schedule A (Form 5500), regardless of size, must complete item 3.

Insurance fee and commission information may be reported by using either format 3(a) or 3(b).

5(a).-The rate information called for here may be furnished by attachment of appropriate schedules of current rates filed with appropriate state insurance departments or by a statement as to the basis of

6.—Show deposit fund amounts rather than experience credit records when both are maintained.

8(d).—The rate information called for here may be furnished by attachment of appropriate schedules of current rates or by a statement as to the basis of the rates.

9(b)(iv).—The amount in 9(b)(iii) will not necessarily agree with the amount in 9(b)(iv).